

GIC HEALTH PLAN and LEAPFROG REPORT CARD

For Calendar Year 2003





How to Use This Information

Choosing a health plan is an important decision. To assist you with selecting a plan that's right for you and your family, the GIC is providing the Massachusetts Healthcare Purchaser Group's (MHPG's) 2003 Guide to Health Plan Performance. This contains information about quality and member satisfaction for health plans that are available to you through the GIC. We have included the results for HMO and Point of Service (POS) plans offered by the GIC, as well as the national results for all HMO and POS plans surveyed. At present, there are no comparable measures available for indemnity plans.

Use this information in conjunction with other important information included in your *Benefit Decision Guide* and *For Your Benefit* newsletter.

How This Information Was Collected

These reports are produced by the Massachusetts Healthcare Purchaser Group, a coalition of companies and public agencies that work together to ensure that high quality health care is available at a reasonable price.

The quality of care information was drawn from Quality Compass® 2003, published by the National Committee for Quality Assurance (NCQA). Quality Compass is based on the newest data collected from the Health Plan

Employer Data and Information Set (HEDIS®) that managed care plans voluntarily submit to NCQA. Since all published data must be audited by an NCQA-certified audit firm, you can be comfortable that the information in this Report Card is valid and comparable. Of the many measures that NCQA publishes, the MHPG has selected a cross-section that applies to men, women and children, to healthy people and to people with chronic medical conditions.

An independent company that specializes in conducting surveys collected the member satisfaction information. A random sample of health plan members was mailed standardized Consumer Assessment of Health Plans (CAHPS®) surveys and asked to respond without giving their names. MHPG has included what members said about their own health plans, and the average national response, for each question.

Become an Informed Health Care Consumer

Measuring member satisfaction and quality of care at the health plan level is one way to become an informed health care consumer. The hospital patient safety information contained in this report card is another. Our For Your Benefit newsletter and website have a wealth of information and links to assist you, our enrollees, with taking charge of your health. Additionally, our health fairs provide screenings and literature to help you. An informed health care consumer is a healthier one.

We hope that you find this REPORT CARD helpful, and wish you a healthy year.

SYMBOL KEY1:

This table includes summary information for Massachusetts health plans, so you can see how the health plans for which you may be eligible compare to other plans in the United States. Refer to the individual plan pages for details of the information below.

+ Better than the national average

= Equal to the national average

Worse than the national average

N/A Not Applicable

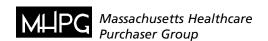
N/R Not Reported

HEALTH PLAN	Breast Cancer Screening	Cholesterol Management after a heart attack, CABG, or PTCA (LDL<130)	Diabetes Management % of patients with poor blood sugar control	Antidepressant Medication Management Effective Acute Phase Treatment	Advising Smokers to Quit	Chlamydia Screening Preventing the spread and complications of STD	Controlling High Blood Pressure	Appropriate Medications for Children with Asthma	What Members think of the Plan Overall ² (On a 10-point scale, the % who rated plan 8, 9, or 10)
NATIONAL AVERAGE, HMO & POS	74.93%	61.40%	33.92%	59.80%	67.68%	25.41%	58.37%	69.51%	61.30%
Fallon Community Health Plan HMO & POS	=	+	+	+	+	+	+	=	+ 65.92%
Harvard Pilgrim Health Care, Inc. HMO & POS	+	+	+	+	+	+	+	+	+ 79.51%
Health New England, Inc. HMO & POS	+	+	+	+	+	+	=	=	+ 73.99%
Neighborhood Health Plan HMO	=	N/A	+	=	N/A	+	N/R	=	+ 71.00%
Tufts Health Plan POS	+	+	+	+	+	+	+	+	+ 71.31%

¹ Performance relative to the national average was determined by comparing the 95% confidence interval for each plan's score to the national average. If the confidence interval for the plan score included the national average, plan performance was considered equal to the average. If the low end of the confidence interval for the plan score exceeded the national average, plan performance was considered better than the national average. If the high end of the confidence interval for the plan score fell below the national average, plan performance was considered worse than the national average.

HMO: Health Maintenance Organization, a health insurance plan in which a member may see all providers in the plan's network, for a fixed copayment. Visits to specialists may require a referral from the primary care physician.

POS: Point of Service product, a health insurance plan in which a member may, in addition to seeing network providers, also see a provider who is not in the network, by meeting a deductible and paying a percentage of the provider's fee.



² People rated their plan using a scale of 0 to 10, with 0 being the worst plan possible, and 10 being the best plan possible. The answer shown is the percentage of members who rated the plan as an 8, 9, or 10.

Quality of Care

WHAT WAS MEASURED	WHY IT'S IMPORTANT
Screening for Breast Cancer: % of women ages 50 through 69 who had a mammogram within the past 2 years.	Mammograms help doctors identify breast cancer early, when treatment is less invasive and more successful. In this age group, mammography reduces the number of deaths from breast cancer by 20%.
Controlling Cholesterol after an Acute Cardiovascular Event: % of plan members who were hospitalized for a heart attack, bypass surgery or angioplasty, had their cholesterol measured 60 to 365 days after discharge, and had an LDL cholesterol level less than 130mg/dL.	Cardiovascular disease is the single leading cause of death in America today. People who already have cardiovascular disease can reduce their risk of heart attacks, strokes and death by as much as 40% by reducing their LDL cholesterol to less than 130 mg/dL.
Poor Management of Blood Sugar for People with Diabetes: % of patients with diabetes who had their Hemoglobin A1c measured in the past year, and for whom the percent of glycosylated Hemoglobin was higher than 9.5%.	Diabetes causes 20% of deaths among people over age 25 each year. When diabetes is not well controlled, the amount of sugar in the blood becomes too high, and can damage the kidneys, heart, blood vessels, nerves and eyes. Most people with diabetes can control their blood sugar through a regimen of medications, diet, exercise and regular medical care. This measure tells you the percent of people with diabetes whose blood sugar is <i>not</i> controlled well.
Antidepressant Medication Management: % of people with new episodes of depression who were treated with antidepressant medication and remained on the medication during the first 12 weeks of treatment.	Major depression and recurrent depression are among the most prevalent mental disorders, affecting about 10% of all adults each year. It is important for those who are treated with antidepressant medication to take their medication as directed and to be monitored for its effectiveness and any side effects.
Advising Smokers to Quit: % of members 18 years of age and older who were either current smokers or recent quitters who received advice to quit smoking from a medical practitioner.	The most important thing smokers can do to improve their health is to stop smoking. When a medical practitioner tells a patient to quit smoking, it increases the likelihood that the patient will quit by nearly a third.
Chlamydia Screening: % of sexually active women ages 16 to 26 who were screened for chlamydia in the past year.	Chlamydia trachomatis is the most common sexually-transmitted disease in the U.S., with approximately 3 million people infected each year. Screening is essential because the majority of women with this condition show no symptoms. Chlamydia is more prevalent among adolescents and young adult women and can cause pelvic inflammatory disease, infertility and ectopic pregnancy.
Controlling High Blood Pressure: % of adults (ages 46 to 85) with hypertension whose blood pressure reading was less than or equal to 140 mm Hg systolic and 90 mm Hg diastolic.	Approximately 50 million Americans have high blood pressure. Reducing blood pressure in patients with hypertension is critically important because lower blood pressure can reduce mortality from heart disease, stroke and renal failure.
Children with Asthma: % of children ages 5-9 who are prescribed appropriate medications.	Asthma is the most common chronic childhood disease, affecting an estimated 4.8 million children in the United States. Much of the death and morbidity associated with asthma is avoidable. Successful management of asthma can be achieved for most asthmatics if they take appropriate medications.

¹ All data are from the 2003 Quality Compass®, developed by the National Committee for Quality Assurance®. The data are used with the permission of the National Committee for Quality Assurance. Any analysis, interpretation or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility.

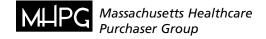
Not applicable: Through no fault of its own, this plan was unable to report this measure because its sample or eligible population was too small, or it does not offer the benefit being measured.

Not reported: Shown to indicate that one of the following occurred: 1) The plan did not calculate the measure when a population existed for which the measure could have been calculated. 2) The plan calculated the measure, but chose not to report the result. 3) The plan received a Not Reported designation during an NCQA HEDIS Compliance Audit.

HEALTH PLAN REPORT CARD

Fallon Community Health Plan HMO & POS	Harvard Pilgrim Health Care, Inc. HMO & POS	Health New England, Inc. HMO & POS	Neighborhood Health Plan HMO	Tufts Health Plan² POS	National Average HMO & POS
Plan Members	Plan Members	Plan Members	Plan Members	Plan Members	
80.37%	85.87%	78.99%	76.98%	83.13%	74.93%
76.16%	74.48%	70.87%	Not applicable	66.67%	61.40%
24.57% for this measure only, the lower the score, the better.	27.49% for this measure only, the lower the score, the better.	20.92% for this measure only, the lower the score, the better.	29.2% for this measure only, the lower the score, the better.	17.76% for this measure only, the lower the score, the better.	33.92% for this measure only, the lower the score, the better.
79.34%	66.7%	67.61%	52.48%	69.15%	59.80%
79.70%	78.36%	71.83%	Not applicable	78.74%	67.68%
43.37%	32.22%	32.65%	34.64%	36.95%	25.41%
65.32%	66.83%	62.29%	Not Reported	69.27%	58.37%
67.11%	78.82%	70.49%	63.79%	77.82%	69.51%

² Tufts Associated Health Maintenance Organization, Inc. dba Tufts Health Plan.



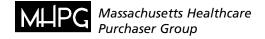
What Members Said About the Plan	Fallon Community Health Plan HMO & POS	Harvard Pilgrim Health Care, Inc. HMO & POS
THE QUESTIONS MEMBERS WERE ASKED	Plan Members	Plan Members
Overall Plan Rating: On a scale of 0 to 10, with 0 being the worst plan possible, and 10 being the best plan possible, how would you rate your health plan now?	65.92% rated their plan 8, 9, or 10	79.51% rated their plan 8, 9, or 10
Customer Service: In the last 12 months, how much of a problem, if any, was it to: Get the help you needed when you called customer service? Find or understand information in the written materials? Complete paperwork for the plan?	75.61% said "not a problem" for all three questions	82.97% said "not a problem" for all three questions
Claims Processing: In the last 12 months, how often did your health plan: Handle your claims in a reasonable time? Handle your claims correctly?	80.11% answered either "always" or "usually" to both questions	91.50% answered either "always" or "usually" to both questions
Getting Care Quickly: In the last 12 months, how often did you: Get the help or advice you needed when you called during regular office hours? Get needed care right away for an illness or injury? Get an appointment for regular or routine care as soon as you wanted? Wait more than 15 minutes past your appointment time in the office or clinic, to see the person you went to see?	81.59% said either "always" or "usually" for the first, second and third questions, and "never" for the fourth question about waiting too long	79.78% said either "always" or "usually" for the first, second and third questions, and "never" for the fourth question about waiting too long
Getting Needed Care: How much of a problem were delays in health care while you waited for approval from your plan? In the last 12 months, how much of a problem, if any, has it been to: Get a personal doctor or nurse you are happy with? Get a referral to a specialist you needed to see? Get the care you or a doctor believed necessary?	79.13% answered "not a problem" for all four questions	84.23% answered "not a problem" for all four questions

All data are from the 2003 Quality Compass®, developed by the National Committee for Quality Assurance®. The percentages shown are composites of the answers to the questions shown.

HEALTH PLAN REPORT CARD

Health New England, Inc. HMO & POS	Neighborhood Health Plan HMO	Tufts Health Plan ¹ POS	National Average HMO & POS
Plan Members	Plan Members	Plan Members	
73.99% rated their plan 8, 9, or 10	71.0% rated their plan 8, 9, or 10	71.31% rated their plan 8, 9, or 10	61.30% rated their plan 8, 9, or 10
81.28% said "not a problem" for all three questions	Not Applicable	75.06% said "not a problem" for all three questions	70.41% said "not a problem" for all three questions
96.70% answered either "always" or "usually" to both questions	Not Applicable	89.04% answered either "always" or "usually" to both questions	85.39% answered either "always" or "usually" to both questions
83.02% said either "always" or "usually" for the first, second and third questions, and "never" for the fourth question about waiting too long	70.66% said either "always" or "usually" for the first, second and third questions, and "never" for the fourth question about waiting too long	79.68% said either "always" or "usually" for the first, second and third questions, and "never" for the fourth question about waiting too long	77.64% said either "always" or "usually" for the first, second and third questions, and "never" for the fourth question about waiting too long
85.77% answered "not a problem" for all four questions	77.23% answered "not a problem" for all four questions	82.89% answered "not a problem" for all four questions	76.92% answered "not a problem" for all four questions

¹ Tufts Associated Health Maintenance Organization, Inc. dba Tufts Health Plan.



Annual enrollment is a great time to prepare for the year ahead. As you consider your health care choices, please review the following charts to learn about an important issue – preventable medical mistakes in hospitals. This information can help you choose the best and safest hospital for high-risk procedures. Routine procedures are often safely and effectively performed at your community hospital. You should always talk to your doctor and health plan before making any decisions about your health.

Preventable medical mistakes – a leading cause of death

Did you know that the Institute of Medicine found that up to 98,000 people die each year in America's hospitals, due to preventable medical mistakes? While death is the most tragic outcome, medical mistakes cause other problems too. They can lead to disabilities, longer hospital stays, longer recoveries and/or more treatments.

Medical mistakes in hospitals range from getting the wrong procedure or prescription to being served the wrong meal for your health condition. Many drug names are mixed up due to handwriting that is hard to read or names that sound alike. The drug codeine, which is used to treat pain or a cough, is sometimes misread as cardene, a drug used for high blood pressure and chest pain. These mistakes can happen because doctors and staff work under a lot of stress and pressure.

What can be done to reduce preventable medical mistakes?

The GIC has taken a lead in tackling this problem because we're concerned about the health and safety of our employees, retirees, and their families. Many medical mistakes are *preventable* – which means something can be done.

We are a member of **The Leapfrog Group**, a coalition of more than 145 organizations devoted to helping over 34 million people nationwide make better health care choices. Based on medical research, The Leapfrog Group decided to focus on **three steps or "leaps"** that can save lives by reducing preventable mistakes in hospitals. These steps will not prevent all mistakes in hospitals, but they could prevent thousands of hospital deaths every year.

What can Commonwealth employees, retirees, and family members do?

 Choose hospitals where doctors use computerized prescription ordering systems (CPOE): Some medication mistakes are caused when a medicine is prescribed and someone cannot read the writing, resulting in giving patients the wrong drug, or wrong dosage. This can cause an overdose or a dangerous interaction. Medical experts believe that over one million of these mistakes happen each year.

Computerized physician order entry (CPOE) systems can help minimize these mistakes. With CPOE, prescriptions are put into a computer and are not written by hand. The prescription is then automatically checked against the patient's information. Studies show CPOE can reduce serious medication mistakes by up to 88 percent.

- Select hospitals with proven outcomes or extensive experience with specific surgical procedures and high-risk obstetrical care: Surgery and delivery always poses some risk to the patient, but hospitals that have a history of good results in performing certain procedures are usually the safest and best places to go for that procedure. One of the important things to consider when choosing a hospital is how many times it performs that surgery and delivery each year, particularly for the high-risk procedures outlined in the accompanying charts. Ask your doctor if your hospital is known to have lots of experience and good outcomes for your type of medical condition.
- Choose hospitals with Intensive Care Units (ICUs) staffed with board-certified critical care physicians:
 Approximately 500,000 of the four million patients admitted to Intensive Care Units (ICU) each year die in the ICU. It's estimated that 10% of these deaths could be prevented if the doctors caring for patients were trained to work in the ICU. Numerous studies have reported that ICUs that use critical care experts to manage patient care have lower death rates and shorter ICU stays for patients.

Together we can effectively work to reduce preventable medical mistakes.

Hospitals provided the information in the following tables to the Leapfrog Group. The hospitals affirmed the accuracy of their responses when they submitted their data. If you have any questions about the information, please contact the hospital directly. The Leapfrog Group does not independently verify the accuracy of the information. For additional details on these standards and recent hospital submissions, visit the Leapfrog Group's website: www.leapfroggroup.org.

These hospitals have **not** responded to the Leapfrog Group's requests for data as of December 31, 2003:

Cooley Dickinson Hospital Inc., Northampton Hale Hospital, Haverhill Lawrence General Hospital, Lawrence Milton Medical Center, Milton

LEAPFROG REPORT CARD

Survey Results as of December 31, 2003



SYMBOL KEY

Fully implemented Leapfrog's recommended safety practice

Good progress in implementing Leapfrog's recommended safety practice

Good early stage effort in implementing Leapfrog's recommended safety practice

Willing to report publicly; did not yet meet Leapfrog's criteria for a good early stage effort

Did not disclose

N/A Not Applicable (Recommended safety practice does not apply to this particular hospital because it does not offer the service to which the safety practice applies.)

HOSPITAL NAME	Computerized Drug Orders	ICU Staffing	Coronary Artery Bypass	Percutaneous Coronary Intervention	Abdominal Aortic Aneurysm Repair	Esophagectomy	Pancreatic Resection	High-Risk Deliveries & Neonatal ICUs
Addison Gilbert Hospital Gloucester	•		N/A	N/A	N/A	N/A	N/A	NA
Anna Jaques Hospital Newburyport			N/A	N/A	N/A	N/A	N/A	NA
Athol Memorial Hospital Athol			N/A	N/A	N/A	N/A	N/A	N/A
Baystate Medical Center Springfield	•							
Berkshire Medical Center Pittsfield			N/A	N/A			N/A	N/A
Beth Israel Deaconess Hospital – Needham			N/A	N/A	N/A	N/A	N/A	N/A
Beth Israel Deaconess Medical Center – Boston								
Beverly Hospital – Beverly			N/A	N/A		N/A	N/A	
Boston Medical Center Boston	•			•				•
Brigham and Women's Hospital – Boston								
Brockton Hospital – Brockton			N/A				N/A	N/A
Cambridge Health Alliance Cambridge			N/A	N/A		N/A		N/A
Cape Cod Hospital – Hyannis						N/A		N/A
Caritas Carney Hosp. – Boston			N/A	N/A		N/A	N/A	N/A
Caritas Good Samaritan Medical Center – Brockton			N/A	N/A				
Caritas Norwood Hospital Norwood			N/A	•		N/A	N/A	N/A
Caritas St. Elizabeth's Medical Center – Boston				•				
Children's Hospital – Boston	•		N/A	N/A	N/A	N/A	N/A	
Clinton Hospital – Clinton		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dana-Farber Cancer Institute – Boston		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Emerson Hospital – Concord			N/A	N/A		N/A	N/A	N/A

LEAPFROG GROUP 2003 Survey Results for Massachusetts Hospitals Submitting Responses

Survey Results as of December 31, 2003

HOSPITAL NAME	Computerized Drug Orders	ICU Staffing	Coronary Artery Bypass	Percutaneous Coronary Intervention	Abdominal Aortic Aneurysm Repair	Esophagectomy	Pancreatic Resection	High-Risk Deliveries & Neonatal ICUs
Fairview Hospital Great Barrington			N/A	N/A	N/A	N/A	N/A	N/A
Falmouth Hospital – Falmouth			N/A	N/A		N/A	N/A	N/A
Faulkner Hospital – Boston			N/A	N/A				N/A
Franklin Medical Center Greenfield			N/A	N/A	N/A	N/A	N/A	N/A
Hallmark Health System/ Lawrence Memorial Hospital of Medford – Medford			N/A	N/A				N/A
Hallmark Health System/ Melrose-Wakefield Hospital – Melrose			N/A	N/A				N/A
Harrington Memorial Hospital – Southbridge			N/A	N/A	N/A	N/A	N/A	N/A
Health Alliance Hospitals Inc. – Leominster			N/A	N/A		N/A	N/A	N/A
Heywood Hospital – Gardner			N/A	N/A	N/A	N/A	N/A	N/A
Holy Family Hospital & Medical Center – Methuen			N/A	N/A		N/A	N/A	N/A
Holyoke Hospital Inc. Holyoke			N/A	N/A			N/A	N/A
Hubbard Regional Hospital Webster			N/A	N/A	N/A	N/A	N/A	N/A
Jordan Hospital Inc. Plymouth			N/A	N/A		N/A	N/A	N/A
Leonard Morse Hospital Natick			N/A	N/A		N/A	N/A	N/A
Lowell General Hospital Lowell			N/A	N/A		N/A	N/A	N/A
Marlborough Hospital Marlborough			N/A	N/A	N/A	N/A	N/A	N/A
Mary and Arthur Clapham Hosp. (Lahey Clinic) – Burlington								N/A
Mary Lane Hospital – Ware			N/A	N/A	N/A	N/A	N/A	N/A
Massachusetts Eye and Ear Infirmary – Boston	•	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Massachusetts General Hospital – Boston								
Mercy Medical Center Springfield			N/A	N/A			N/A	N/A
Metrowest Medical Center Framingham			N/A	N/A		N/A	N/A	N/A
Milford Whitinsville Regional Hospital – Milford			N/A	N/A	N/A	N/A	N/A	N/A

LEAPFROG REPORT CARD

Survey Results as of December 31, 2003

HOSPITAL NAME	Computerized Drug Orders	ICU Staffing	Coronary Artery Bypass	Percutaneous Coronary Intervention	Abdominal Aortic Aneurysm Repair	Esophagectomy	Pancreatic Resection	High-Risk Deliveries & Neonatal ICUs
Morton Hospital & Medical Center – Taunton			N/A	N/A		N/A		N/A
Mt. Auburn Hospital Cambridge						•		N/A
Nashoba Valley Medical Center – Ayer	•		N/A	N/A	N/A	N/A	N/A	N/A
New England Baptist Hospital – Boston			N/A	N/A		•		N/A
Newton-Wellesley Hospital Newton			N/A	N/A		•		N/A
Noble Hospital – Westfield			N/A	N/A		N/A		N/A
North Adams Regional Hospital – North Adams			N/A	N/A	N/A	N/A	N/A	N/A
Quincy Medical Center Quincy		•	N/A	N/A		N/A	N/A	N/A
Saints Memorial Medical Center Inc. – Lowell		•	N/A	N/A		N/A	N/A	N/A
Salem Hospital @ The North Shore Medical Center – Salem		•	N/A	N/A				N/A
South Shore Hospital South Weymouth			N/A	N/A		N/A	N/A	N/A
Southcoast Hospitals Group Inc. Fall River, New Bedford, Wareham – Fall River		0		•				N/A
St. Anne's Hospital Corporation – Fall River			N/A	N/A		N/A	N/A	N/A
St. Vincent Hospital Worcester								N/A
Sturdy Memorial Hospital Attleboro			N/A	N/A		N/A	N/A	N/A
Tufts New England Medical Center – Boston								
UMass Memorial Medical Center – Worcester								
Union Hospital @ The North Shore Medical Center – Lynn	•	•	N/A	N/A		N/A		N/A
Winchester Hospital Winchester			N/A	N/A				
Wing Memorial Hospital Palmer			N/A	N/A	N/A	N/A	N/A	N/A



Your Benefits Connection

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